## CITY OF SAINT PAUL AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Employee:	Employee ID#:	<del>-i</del>
Payroll Center:		
Check One: □ New EFT	□ Change □	Cancel
I hereby authorize the City of Saint Paul to initiate credit entries to the account(s) and in the amount(s) indicated below, and also authorize the depository (depositories) named below to credit the same to such account(s).		
Priority *Note that priority 3 must be filled in		
Depository Name		Amount
Transit/ABA No	Acct. No	00
Circle one: Checking Savings		
2. Depository Name	Branch	Amount
Transit/ABA No	Acct. No	00
Circle one: Checking Savings	☐ AccelaPay (check box	and enter amount only)
3. Depository Name	Branch	Remaining Balance*
Transit/ABA No	Acct. No	
Circle one: Checking Savings	☐ AccelaPay (check box o	nly)
A. If you wish your total net pay deposited to one account, complete priority 3 only.		
B. If you wish a determined amount credited to one account and the remaining balance credited to a second account, complete priorities 1 and 3.		
C. If determined amounts are to be credited to two accounts and the remaining balance credited to a third account complete priorities 1, 2 and 3.		
D. Deposits will be made in accordance with the priorities you give them.		
I agree to allow the City to reverse any entry erroneously credited to my account.		
This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to afford the City a reasonable opportunity to act on it.		
Signature: Date:		

Required: Attach a copy of a **VOIDED CHECK** containing the Depository Transit/ABA Number and your Account Number for direct deposit to the City. A deposit slip cannot be used.